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Attitude towards Gender-Based Family Planning

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***Abstract*— The purpose of this study is to examine attitudes towards family planning among female and male respondents. A research sample of 100 participants was collected using stratified random sampling, comprising 50 females and 50 males from Anand City, Gujarat. The Attitude Scale towards Family Planning developed by M.A. Hakim and Y. Singh (28 statements) was used as the primary instrument. Data were analysed using the t-test parametric statistical method. Results indicate no significant difference in attitude towards family planning between female and male respondents (t = 0.34, not significant at 0.05 level). The mean scores were 97.46 for females (SD = 14.24) and 98.44 for males (SD = 14.32).**

Index Terms*— *Attitude, family planning, gender, female, male.

I. INTRODUCTION

India was the first country in the world to launch a National Programme for Family Planning in 1952. With its historic initiation, the Family Planning Programme has undergone transformation in terms of policy and programme implementation. There occurred a gradual shift from a clinical approach to a reproductive child health approach. Further, the National Population Policy (NPP) in 2000 brought a holistic and target-free approach that helped in the reduction of fertility. Over the years, the programme has expanded to reach every nook and corner of the country, including Primary Health Centres and Sub-Centres in rural areas, as well as Urban Family Welfare Centres and Post-partum Centres in urban areas.

The Concept of Attitudes towards Family Planning

Attitudes towards family planning vary significantly across different cultures, religions, socioeconomic statuses, and personal beliefs. Generally, family planning is seen as a way to ensure children are born into families that are financially, emotionally, and physically prepared to support them.

1. Positive Attitudes

Empowerment and Autonomy: Many view family planning as empowering for individuals and couples, giving them autonomy over their reproductive choices. Health Benefits: There is recognition of the health benefits for both mother and child when pregnancies are planned and spaced. Economic Benefits: Family planning allows families to allocate resources more effectively, ensuring better education and care for children. Population Control: At a societal level, family planning is promoted as a means of controlling population growth for sustainable development.

2. Negative Attitudes

Cultural and Religious Beliefs: In some cultures and religions, family planning methods are viewed negatively. Misinformation and Lack of Education: Lack of accurate information can lead to skepticism and fear. Gender Roles: Traditional gender roles may lead to resistance against family planning practices.

3. Government and Institutional Policies

The stance of governments and institutions towards family planning can greatly influence public attitudes. Supportive policies, access to affordable services, and educational programmes can foster positive attitudes.

4. Socioeconomic Factors

Socioeconomic status plays a significant role in attitudes toward family planning. Those from higher socioeconomic backgrounds may have more access to education and resources, influencing their attitudes and practices.

Attitude toward Family Planning – Definition

According to the World Health Organization, family planning is defined as "the ability of individuals and couples to anticipate and attain their desired number of children and the spacing and timing of their births."

Methods of Family Planning

Methods of contraception include oral contraceptive pills, implants, injectables, patches, vaginal rings, intra-uterine devices, condoms, male and female sterilization, lactation amenorrhea methods, withdrawal, and fertility awareness-based methods.

II. OBJECTIVES

1. To obtain information regarding differences in attitudes towards family planning among female and male adults.

III. HYPOTHESIS

H0.1: There is no significant difference between attitudes towards family planning among female and male adults.

IV. VARIABLES OF THE STUDY

Independent Variables:

Gender: A1 – Female; A2 – Male

Dependent Variables:

(1) Attitude towards Family Planning Scale (M.A. Hakim and Y. Singh)

V. SELECTION OF SAMPLE

A total of 100 participants were randomly selected from Anand City, comprising 50 females and 50 male adults.

VI. TOOLS FOR DATA COLLECTION

(1) Personal Data Sheet: Prepared by the researcher to collect personal information from female and male adults in line with the study's objectives. (2) Attitude Scale towards Family Planning developed by M.A. Hakim and Y. Singh: A 28-item scale comprising 16 positive statements measuring favourable attitude and 12 negative statements measuring unfavourable attitude towards family planning.

VII. STATISTICAL TECHNIQUE

The t-test was employed for statistical analysis to examine the null hypothesis regarding differences in attitude towards family planning between female and male adults.

VIII. RESULTS

TABLE I: Mean, S.D., & t-Value of Attitude toward Family Planning with Reference to Gender (Female-Male Adult), N = 100

Gender	N	Mean	SD	SEM	t-Value	Level of Significance
Female	50	97.46	14.24	2.01	0.34	Not Significant
Male	50	98.44	14.32	2.3	0.34	Not Significant

IX. DISCUSSION OF RESULT AND INTERPRETATION

H0.1: There is no significant difference in attitude toward family planning among female and male respondents. As seen in Table I, the t-value is 0.34, which is not significant at the 0.05 level. Hence, the null hypothesis is accepted. The standard deviation of females is 14.24 and males is 14.32, while the mean for females is 97.46 and for males is 98.44. This indicates no significant difference between female and male adults in their attitude towards family planning.

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